

PHARMACY ROBOTIC INSPECTION REPORT



**DEPARTMENT
OF
HEALTH PROFESSIONS**
6603 W. BROAD ST, 5TH FLOOR
RICHMOND, VA 23230

Rev: 09/16/2003

Facility Name		Date
License No. 0201-	Robot No. 0225-	

GENERAL		Repackaging Equipment:	
Inspection Type: <input type="checkbox"/> New <input type="checkbox"/> Routine <input type="checkbox"/> Other		1.	
Initial Approval Date:		2.	
Manufacturer:		3.	
Configuration: <input type="checkbox"/> Linear <input type="checkbox"/> No. Bays		4.	
<input type="checkbox"/> Octagonal <input type="checkbox"/> 10 foot <input type="checkbox"/> 12 Foot		Repackage: <input type="checkbox"/> Manufacturer UD <input type="checkbox"/> Hospital Repacks	
<input type="checkbox"/> Other (Describe)		<input type="checkbox"/> Lose Product <input type="checkbox"/> Other (Describe)	
Fill System: <input type="checkbox"/> Conveyor <input type="checkbox"/> Envelope		Repack Record Includes: (18VAC110-20-355 A)	
<input type="checkbox"/> Other (Describe)		<input type="checkbox"/> Drug Name <input type="checkbox"/> Strength <input type="checkbox"/> Quantity <input type="checkbox"/> Repack Date	
Schedules of Drugs Dispensed by Robot:		<input type="checkbox"/> Lot/Control No <input type="checkbox"/> Expiration Date <input type="checkbox"/>	
<input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI		<input type="checkbox"/> Manufacturer/Distributor Name <input type="checkbox"/> M/D Lot/Control No	
Medications Dispensed: <input type="checkbox"/> Scheduled <input type="checkbox"/> PRN		<input type="checkbox"/> Pharmacist Initials of Check <input type="checkbox"/> Reviewed	
<input type="checkbox"/> Solids <input type="checkbox"/> Liquids <input type="checkbox"/> Injectable <input type="checkbox"/> External		Repack Label Includes: (18VAC110-20-355 B)	
<input type="checkbox"/> Other (Describe)		<input type="checkbox"/> Drug Name <input type="checkbox"/> Strength <input type="checkbox"/> Expiration Date	
		<input type="checkbox"/> Assigned Lot/Control No OR M/D Name & Lot/Control No	
		<input type="checkbox"/> Reviewed	
DISPENSING & CART FILL			
Cart Exchange Interval:		Repack Expiration Date:	
Cart Fill Time:		Packaging: <input type="checkbox"/> B or Better <input type="checkbox"/> C or less <input type="checkbox"/> Other	
Cart Exchange Time:			
Robot Restock Time(s):		Estimated Doses Packaged Per <input type="checkbox"/> Day <input type="checkbox"/> Month:	
Cart Fill: Percent Check:		QUALITY	
Checked By:		Quality assurance plan includes: (18VAC110-20-425 B)	
How Documented: <input type="checkbox"/> Reviewed		<input type="checkbox"/> Repackaging <input type="checkbox"/> Loading of Robot <input type="checkbox"/> Maintenance	
Manual Fill: Percent Check:		<input type="checkbox"/> QC of Final Dispensing <input type="checkbox"/> Document Retention	
Checked By:		<input type="checkbox"/> Reviewed	
How Documented: <input type="checkbox"/> Reviewed		Required QA Reporting to Board: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Update Fill: Percent Check:		Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other (Describe)	
Checked By:		Reports Reviewed (List dates since last inspection):	
How Documented: <input type="checkbox"/> Reviewed		1. 2. 3. 4.	
Initial Doses: Robot Percent Check:		5. 6. 7. 8.	
Manual Percent Check:		Evidence of Required Reports per Approval Letter/Order:	
Checked By:		1. Quarterly Summary of Discrepancies <input type="checkbox"/> Yes <input type="checkbox"/> No	
How Documented: <input type="checkbox"/> Reviewed		2. Cumulative Summary of Discrepancies <input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimated Doses Dispensed per <input type="checkbox"/> Day <input type="checkbox"/> Month:		3. Scheduled or Unanticipated Downtime <input type="checkbox"/> Yes <input type="checkbox"/> No	
Orders Entered By: <input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician		4. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> MD <input type="checkbox"/> Other (Describe)		5. <input type="checkbox"/> Yes <input type="checkbox"/> No	
		6. <input type="checkbox"/> Yes <input type="checkbox"/> No	
PACKAGING		Downtime Policy & Procedure <input type="checkbox"/> Yes <input type="checkbox"/> No	
Onsite Repackaging: <input type="checkbox"/> Yes <input type="checkbox"/> No		Unscheduled Downtime Since Last Inspection <input type="checkbox"/> Yes <input type="checkbox"/> No	
Repackaging By: <input type="checkbox"/> Pharmacy Employee		Unscheduled Downtime Reported to Board <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Outsource Vendor:		Has Robot Picked Wrong Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Date of Wrong Pick:	
		Board Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Notified:	
		Was 100% Cart Check Implemented: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Board Approved Reduction: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	

This facility has been inspected by an inspector of the Department of Health Professions. The results of the inspection have been noted. I acknowledge that the noted conditions have been deemed by the inspector as not being in compliance and have been explained to me and that I have received a copy of the inspection report.

Signature of Inspector

Date

Signature of Pharmacist

Date